## **DRIVER EDUCATION COURSE COMPLETION REPORT**

MAIL OR FAX WITHIN 7 DAYS FROM COMPLETION OF COURSE TO: BUREAU OF MOTOR VEHICLES, DRIVER EDUCATION PROGRAM 29 STATE HOUSE STATION, AUGUSTA, ME 04333-0029

TEL: 624-9000 ext. 52128 FAX: 624-9158

SCHOOL LOCATION:   SCHOOL LICENSE#:   INSTRUCTOR(S) (Class A & B):   COURSE START DATE & TIME (a.m. or p.m.):   CCC #	SCHOOL NAME:			TELEPHONE#:
COURSE START DATE & TIME (a.m. or p.m.):  COURSE STONING DATE:  STUDENT NAME: (List alphabetically) LAST FIRST MI. D.O.B. PHONE # CCC #  1	SCHOOL LOCATION:			SCHOOL LICENSE#:
COURSE ENDING DATE:  STUDENT NAME: (List alphabetically) LAST FIRST MI. D.O.B. PHONE # CCC #  1  2  3  4  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  19  20  21  21  22  23  24  25  26  27  28  29  30  31  31  32  33  34  34	INSTRUCTOR(S) (Class A & B):			
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I understand that knowingly supplying false information will result in the suspension or revocation of any license issued to me.

LICENSEE'S SIGNATURE:

DATE: